Whole Schools Initiative – Application Form

Note: The following application is for funding for the 2015-2016 school year. For a list of frequently asked questions, please check the WSI guidelines.

What year of WSI are you applying for? **_____**

1. School: _____ 2. County: _____

3. Mailing Address: _____ City: _____, MS Zip: _____

4. Telephone: _____   5. School District: _____

6. School website: _____

7. U.S. Congressional District # __   8. MS Senate District # ___   9. MS House District # ____

    Find your U.S. Congressional and Mississippi district numbers at: www.votesmart.org

10. Year your school was founded: _____   11. Federal employee ID# ____-_____

12. DUNS Number _____ *Find your school's DUNS number at: www.dandb.com*

13. Primary Project Director: _____ Title: _____

14. Primary Project Director – Daytime Phone: _____ Work e-mail: _____

15. Primary Project Director – Cell Phone: _____ Personal e-mail: _____

16. Secondary Project Director: _____ Title: _____

17. Secondary Project Director – Daytime Phone: _____ Work e-mail: _____

18. Secondary Project Director – Cell Phone: _____ Personal e-mail: _____

19. School Principal: _____ Year Principal began position: _____

20. Principal – Daytime Phone: _____ Work e-mail: _____

21. Principal – Cell Phone: _____ Personal e-mail: _____

22. Authorizing Official: _____ Title: _____

23. Authorizing Official – Daytime Phone: _____ e-mail: _____

24. Year the Authorizing Official began at their position*: _____*

Note: MAC is collecting cell phone and personal emails in order to reach project leaders outside of the school year, especially prior to the WSI Summer Institute.

Applicant School - Background Information

25. Grades served: ___ to ___

26. Number of students: _____

27. Percentage of the students who receive free/reduced lunch: _____%

28. How many current students are considered special needs "inclusion" students?: _____

29. How many current students are considered special needs "self-contained" students?: _____

30. Type of school accreditation: _____

31. Date of your school's upcoming reaccreditation evaluation: _____

32. Your school's organizational structure (check all that apply):

☐ Self-Contained ☐ Departmentalized ☐ Other (detail): _____

33. What type of reporting is used at your school? (check all that apply):

☐ QDI ☐ SAT ☐ Universal Screening ☐ Other (detail): _____

34. Please fill out the chart below, providing data from the last three school years:

	2013-14	**2012-13**	**2011-12**
School Score based on QDI or SAT data:			
Reading Score for each grade level. Choose your school's grades from the dropdown lists below:			
National Percentile for English Language Arts:			
School Ranking based on QDI or SAT score (ie; A, B, Successful):			
% Average Daily Attendance:			

35. When will you finalize your school's academic goals for 2015-16?: _____

36. When will your school's 2015-16 budget be finalized?: _____

37. List all non-Arts Commission grants your school received during the 2014-15 school year. List the name of the granting organization, the grant amount, and the purpose of the grant:

Provide the names and contact information for staff in the following questions. If you have additional contacts that won't fit within the provided spaces, please list them on the supplementary page found at the end of the application form.

38. List your school's Nationally Board-Certified personnel:

Name	Job Title	E-mail Address
1.		
2.		
3.		
4.		

Check here if there are additional names for this group listed on the supplemental page: ☐

39. List the arts specialists at your school (i.e; Dance, Theatre, Visual, Music):

Name	Job Title	Arts Discipline	Full/Part Time	E-mail Address
1.				
2.				
3.				
4.				

Check here if there are additional names for this group listed on the supplemental page: ☐

40. List the names of the staff members who have agreed to serve on the Arts Leadership Committee (do not include the principal or project directors):

Name	Title	Years of Teaching Experience
1.		
2.		
3.		
4.		
5.		
6.		

Check here if there are additional names for this group listed on the supplemental page: ☐

41. How many certified classroom teachers are currently employed at your school?: _____

42. How many non-certified classroom teaching assistants are currently employed at your school?:ـ_____

43. What is the administrative structure at the school (i,e;. Principal, Assistant Principal, etc.): _____

_____

Estimate, in percentages, the racial composition of the following groups who will take part in your project:

	Actual Number	% White	% Native American	% African American	% Asian	% Hispanic	Total
School Staff		%	%	%	%	%	= 100 %
Students		%	%	%	%	%	= 100 %
Total Taking Part In All Activities		%	%	%	%	%	= 100 %
Population of Your Community**		%	%	%	%	%	= 100 %

**Community is defined as the geographic area that your school district serves. Check the U.S. Census Bureau's website (www.census.gov) to find the most recent estimate of your community's population.

Attendance Itemization: Please provide attendance numbers for your project. Fill out **only** the sections of the table that apply to your project. If it doesn't apply, leave it blank. For ongoing projects, include your figures from last year as well as projected attendance for the coming year. For a one-time project, leave the "last year" column blank.

Type of project(s) to be funded by this grant	Number of events last year	Number of attendees last year	No. events planned for this year	Est. number of attendees this year
Performance				
Exhibition				
Artist Workshop				
Arts-related field trips				
Professional Development				
Other				
Other				
Other				

Please provide the numbers and percentage of staff who have attended the following:

	Number of times the school Administrator has attended:	Percentage of *current* total staff who have attended:	Number of staff who the school *plans* to send in 2015-16:
Past WSI Summer Institutes			
Past Fall Retreat / Fall Cluster Meeting			
Past Spring Retreat / Spring Cluster Meeting			

Whole Schools Initiative: Financial Commitment

Source of Matching Funds*	Amount
1.	
2.	
3.	
4.	
5.	
TOTAL:	

*see guidelines for list of possible matching sources

Whole Schools Initiative: Narrative

Answer the following question in a narrative of up to three pages. It should be formatted using a minimum 12 point font size and one inch margins on all sides of the page.

Overview
What types of services do you anticipate needing from WSI in the upcoming school year to continue your school's journey of change through the arts?

Internal structure
How many sections of each grade level do you currently have and what is the average size classroom per section?

Funding
Do you receive Title 1 or 2 funds? If so, how are those funds currently being used?
How does your fundraising plan support the arts?

Parental Involvement
Does your school have a PTO or PTA?
What is the percentage of parents who are members of the PTO or PTA?
What efforts do you currently implement to increase parental involvement?
How do you use the arts to increase parental involvement?
How do you disseminate your philosophy of arts integration to parents?
How do you currently involve parents in the arts during school hours (such as guest presenters, art assistants, and arts committees)?
How do you currently involve parents in the arts after school?

Professional Development
What is the structure for disseminating information from professional development workshops to the rest of the staff?
What day(s) of the week and time(s) do you hold professional development?

Community Involvement
How do you connect your arts integration work with local and statewide cultural institutions (such as libraries, museums, and theaters)?

Whole Schools Initiative: Final Checklist

Incomplete applications, defined as applications missing one or more of the documents listed below, **will not be considered for funding and will be returned to the applicant**. Please make sure you have completed every section of the application and have attached all of the required documents by checking items (√) on the following list and signing off for completeness. **Remember to submit one original and one copy of the following**:

☐ Whole Schools Initiative Application Form

☐ Narrative (three-page maximum)

☐ WSI Project Team Organizational Chart (see sample in guidelines)

☐ A copy of the planning schedule, highlighting time with teachers and art specialists (if applicable)

☐ Personal statement from the principal describing their desire and purpose for their school participating in WSI

☐ Letter of support from the school's superintendent that describes the support (both administrative and financial) to the school's involvement with WSI

☐ Calendar of school events and regularly scheduled meetings for the 2015-16 school year. Include items such as PTA/PTO meetings, faculty meetings, professional learning committee meetings, and other school-wide events.

☐ Letter of support from the school's PTO or PTA that describes the structure of the meetings, involvement of the parents at the school as it pertains to the arts and other annual school events

☐ An overview of the school schedule, including information on each grade level's visual and performing arts classes
☐

Please do not bind or staple the above-listed application materials.
I certify that the application form is complete and that the above-listed documents are attached.

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_____

Project Director's Signature   **Date**

Whole Schools Initiative: Certification

The authorizing official and project director certify that the information contained in the application, including all attachments and supporting material, is true and correct to the best of our knowledge. We certify that the applicant will comply with all general and specific guidelines and restrictions of the Mississippi Arts Commission and, when applicable, of the National Endowment for the Arts, including the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, Executive Order 12549, Fair Labor Standards, and the Drug Free Workplace Act of 1988. For a complete list of the federal regulations that apply to NEA funds, please see the NEA's General Terms and Conditions at www.arts.gov/manageaward/GTC.pdf.

_____

Original Signature of Primary Project Director   *Date*

_____   _____

Name   *Title*

_____

Signature of the Authorizing Official   *Date*

_____   _____

Name   *Title*

Your application must be postmarked and in the mail no later than <u>March 2, 2015</u>. Send it to:

> **Mississippi Arts Commission**
> **501 North West Street**
> **Suite 1101A, Woolfolk Building**
> **Jackson, MS 39201**

Whole Schools Initiative Application - Supplemental Page: Additional Contact Names for Questions 38-40:

38. Additional Nationally Board-Certified personnel:

Name	Job Title	E-mail Address
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

40. Additional members of your Arts Leadership Team:

Name	Title	Years of Teaching Experience
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		